

SPECIAL ASSISTANCE REQUEST SURVEY

Arizona Public Service Company has established "Operation Outreach" as a means of educating and informing residents about nuclear power in general and the Palo Verde plant specifically. They are working closely with the federal, state, county emergency management agencies to provide for your health and safety. Maricopa County Department of Emergency Management will use this form in their planning and is requesting that you complete this informational form whether assistance is needed or not. To get more information you can contact the Maricopa County Department of Emergency Management at 602-273-1411, or you can obtain this form on-line at www.maricopa.gov/Emerg_Mgt and mail it to 2035 North 52nd Street, Phoenix, AZ 85008 or Fax to (602) 275-1638.

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- | No | Yes | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Would you, or any member of your family, (including children or elderly home unattended during the day), require special assistance to leave your home on short notice, unassisted? If yes, please describe the assistance you would require: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Hearing impairment? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have a telephone? Telephone No.: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Will you need transportation during an emergency? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have pets? (If so, how many and what type?) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. If you have received a weather alert radio because you live in an area of limited siren coverage, have you read the enclosed information sheet on how to set-up and test your radio?
_____ |
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NAME(S) OF PERSONS LIVING IN HOUSEHOLD(Please include first and last names) AGE Assistance Needed?

		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Address (Specific Location): _____

Mailing address (If different): _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____